

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13201

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Morean		c. CITY (If outside corporate limits, write RURAL and give township) Rural Morean	
c. LENGTH OF STAY (in this place) 15 Years		d. STREET ADDRESS (If rural, give location) 6 Miles East of Versailles, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Miles East of Versailles		d. STREET ADDRESS (If rural, give location) 6 Miles East of Versailles, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) LISETTE b. (Middle) FRIEDERIKE c. (Last) MARIE WELPMAN			4. DATE OF DEATH (Month) (Day) (Year) April 22 49		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan 25, 1872	9. AGE (In years last birthday) 77	10. MONTHS 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Williams Welpmann	13b. MOTHER'S MAIDEN NAME Lousetta Winnermann	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. V. Welpmann Stover, Missouri.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach		INTERVAL BETWEEN ONSET AND DEATH 6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of breast 3 1/2 yrs ago & removed		
	DUE TO (c) 1907 glandular involvement in neck & chest		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 mo	

19a. DATE OF OPERATION 1945	19b. MAJOR FINDINGS OF OPERATION carcinoma left breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 9, 1948** to **Apr 22, 1949**, that I last saw the deceased alive on **Apr 1, 1949**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. J. Gunn M.D.	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 4/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 24, 49	24c. NAME OF CEMETERY OR CREMATORY Stover Cemetery	24d. LOCATION (City, town, or county) (State) Stover Missouri.
DATE REC'D BY LOCAL REG. Apr 22-49	REGISTRAR'S SIGNATURE J. L. Washburn	25. FEDERAL DIRECTOR'S SIGNATURE J. H. Stevenson	ADDRESS Stover, MO.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

76

RECEIVED

District Health Officer No.

District File Number 3-49-19

Date Filed 4-25-49

STATEMENT BY LICENSED EMBALMER

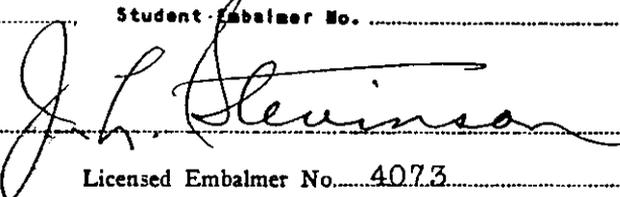
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed


Licensed Embalmer No. 4073

P. O. Address Stover, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.